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In the Matter of the Application of Kent Oz	Misc. No	14 - 487					
for Special Temporary Admission to the Ba the United States District Court for the Dist of Puerto Rico as an Attorney for the Uni States Government pursuant to Local C Rule 83A(e)	rict ted		CAT DEC. 4 PF				
Application for Special Temporary Admission and CM/ECF Registration							
In accordance with Local Rule 83A(e), I am applying for special temporary admission to the Bar of the United States District Court for the District of Puerto Rico. In support of this application, I certify that I am an active member in good standing with the New York State Bar; that I have read and am familiar with the Federal Rules of Evidence, the Federal Rules of Civil and Criminal Procedure, the local rules of this Court, and the American Bar Association's Model Rules of Professional Conduct.							
PERSONAL DATA							
Name:OZ	Kent	D					
(Last Name)	(First Name)	(MI)	(Suffix)				
Puerto Rico/other State Bar ID Number	oer: <u>NY 4952263</u>						
Agency Affiliation:	Federal Deposit Insurance	eral Deposit Insurance Corporation					
Mailing Address:	350 Fifth Avenue	Fifth Avenue					
City: NY	State: NY	Zip Code: 10118					
Phone Number: (917) 320 2810	FAX N	FAX Number:					
• Email Address:	koz@fdic.gov						
EDUCATION							
Undergraduate School: USMMA		Year Graduated: 1985					
Graduate School: Wharton		Year Graduated: 1995					
Law School: Fordham University Law School		Year Graduated: 2010					

Year Graduated: 2010

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BAR ADMISSIONS INFORMATION

	Date Admitted to the Puerto Rico Bar:					
	If not admitted in Puerto Rico, list other State Bar admission(s), date(s) of admission(s),					
	and Bar ID Number(s):					
	New York 2011 #4952263					
	Other Federal Court admission(s), date of admission(s), and Bar ID Number(s):					
	CERTIFICATE OF DISCIPLINARY ACTIONS					
5	I am not now, nor have I ever been subject to any disciplinary action by the Puerto Rico Bar or any other state bar in which I am a member.					
_	I am currently or have been subject to disciplinary action, and I have been reinstated or applied for reinstatement (attach a copy of the reinstatement order and/or application).					
	CM/ECF REGISTRATION					
I acknowledge that, upon approval of this application, I will submit an "Attorney Registration Form" to be registered to access the Court's Case Management/Electronic File system pursuant to Fed. R. Civ. P. 5(b)(2)(E) and Local Civil Rule 5. http://www.prd.uscourts.gov/CourtWeb/pdf/cmecf/PR Registration Form.pdf						
11	/24/14					
)a	ce Signature					

CERTIFICATION IN SUPPORT OF APPLICATION

In accordance with the requirements of Local Civil Rule 83A(e)(3), I certify that I am personally acquainted with the applicant for special temporary admission, I know the applicant to be of good moral character and otherwise competent and eligible to be admitted to practice before the bar of the United States District Court for the District of Puerto Rico as an attorney employed or retained by the United States or its agencies and/or as a representative of the United States or any of its officer or agencies in an official capacity.

Dated this 25th day	of November , 2014 .			
	Unika tum			
	Signature			
Name:	Michael Saran			
Title:	Deputy Regional Counsel			
Agency:	Federal Deposit Insurance Corpo	ration		
Agency's Name and Address:	s: 350 Fifth Avenue	350 Fifth Avenue		
	New York, NY 10118			
Telephone Number:	(917) 794-2803			